

# The only one for almost everyone™

Only **Paragard® IUD**,  
with 1 hormone-free active  
ingredient (copper),  
delivers the **strongest  
combination of benefits  
for the widest range  
of women**<sup>1,2\*</sup>



## **The Paragard Promise:**

- Proven >99% efficacy
- 100% hormone free
- Pregnancy prevention for up to 10 years
- Immediately reversible whenever she decides

Satisfy more patients with Paragard—the only highly effective, reversible birth control that is completely hormone free. Learn more at [hcp.paragard.com](http://hcp.paragard.com) or call **1-877-PARAGARD**.

### **Indication**

Paragard is intended for intrauterine contraception for up to 10 years.

### **Important Safety Information**

- Paragard must not be used by women who have acute pelvic inflammatory disease (PID); have had a postpregnancy or postabortion uterine infection in the past 3 months; have cancer of the uterus or cervix; have an infection of the cervix; have an allergy to any component; or have Wilson's disease.
- If a woman misses her period, she must be promptly evaluated for pregnancy.
- Possible serious complications that have been associated with intrauterine contraceptives are PID, embedment, perforation of the uterus, and expulsion.
- Paragard must not be used by women who are pregnant as this can be life threatening and may result in loss of pregnancy or infertility.
- The most common side effects of Paragard are bleeding and spotting; for most women, these typically subside after 2 to 3 months.
- **Paragard does not protect against HIV or other sexually transmitted infections (STI).**

Please see the following page for a brief summary of full Prescribing Information.

**Over 6 million Paragard  
units distributed<sup>3</sup>**

 **Paragard®**  
intrauterine copper contraceptive

simple, honest  
pregnancy prevention™

**CooperSurgical**

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**References:** 1. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use; 2017. 2. Kaneshiro B, Aeby T. Long-term safety, efficacy, and patient acceptability of the intrauterine Copper T-380A contraceptive device. *Int J Womens Health*. 2010;2:211-220. 3. Data on file, March 2018. CooperSurgical, Inc.

\*According to the Centers for Disease Control and Prevention (CDC), Paragard is one of the least restrictive birth control options across all patient types compared to other IUDs.

**BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR  
ParaGard® T 380A Intrauterine Copper Contraceptive  
SEE PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION**

**INDICATIONS AND USAGE**

ParaGard® is indicated for intrauterine contraception for up to 10 years. The pregnancy rate in clinical studies has been less than 1 pregnancy per 100 women each year.

**CONTRAINDICATIONS**

ParaGard® should not be placed when one or more of the following conditions exist:

1. Pregnancy or suspicion of pregnancy
2. Abnormalities of the uterus resulting in distortion of the uterine cavity
3. Acute pelvic inflammatory disease, or current behavior suggesting a high risk for pelvic inflammatory disease
4. Postpartum endometritis or postabortal endometritis in the past 3 months
5. Known or suspected uterine or cervical malignancy
6. Genital bleeding of unknown etiology
7. Mucopurulent cervicitis
8. Wilson's disease
9. Allergy to any component of ParaGard®
10. A previously placed IUD that has not been removed

**WARNINGS**

**1. Intrauterine Pregnancy**

If intrauterine pregnancy occurs with ParaGard® in place and the string is visible, ParaGard® should be removed because of the risk of spontaneous abortion, premature delivery, sepsis, septic shock, and, rarely, death. Removal may be followed by pregnancy loss.

If the string is not visible, and the woman decides to continue her pregnancy, check if the ParaGard® is in her uterus (for example, by ultrasound). If ParaGard® is in her uterus, warn her that there is an increased risk of spontaneous abortion and sepsis, septic shock, and rarely, death. In addition, the risk of premature labor and delivery is increased.

Human data about risk of birth defects from copper exposure are limited. However, studies have not detected a pattern of abnormalities, and published reports do not suggest a risk that is higher than the baseline risk for birth defects.

**2. Ectopic Pregnancy**

Women who become pregnant while using ParaGard® should be evaluated for ectopic pregnancy. A pregnancy that occurs with ParaGard® in place is more likely to be ectopic than a pregnancy in the general population. However, because ParaGard® prevents most pregnancies, women who use ParaGard® have a lower risk of an ectopic pregnancy than sexually active women who do not use any contraception.

**3. Pelvic Infection**

Although pelvic inflammatory disease (PID) in women using IUDs is uncommon, IUDs may be associated with an increased relative risk of PID compared to other forms of contraception and to no contraception. The highest incidence of PID occurs within 20 days following insertion. Therefore, the visit following the first post-insertion menstrual period is an opportunity to assess the patient for infection, as well as to check that the IUD is in place. Since pelvic infection is most frequently associated with sexually transmitted organisms, IUDs are not recommended for women at high risk for sexual infection. Prophylactic antibiotics at the time of insertion do not appear to lower the incidence of PID.

PID can have serious consequences, such as tubal damage (leading to ectopic pregnancy or infertility), hysterectomy, sepsis, and, rarely, death. It is therefore important to promptly assess and treat any woman who develops signs or symptoms of PID. Guidelines for treatment of PID are available from the Centers for Disease Control and Prevention (CDC), Atlanta, Georgia at [www.cdc.gov](http://www.cdc.gov) or 1-800-311-3435. Antibiotics are the mainstay of therapy. Most healthcare professionals also remove the IUD.

The significance of actinomycetes-like organisms on Papanicolaou smear in an asymptomatic IUD user is unknown, and so this finding alone does not always require IUD removal and treatment. However, because pelvic actinomycosis is a serious infection, a woman who has *symptoms* of pelvic infection possibly due to actinomycetes should be treated and have her IUD removed.

**4. Immunocompromise**

Women with AIDS should not have IUDs inserted unless they are clinically stable on antiretroviral therapy. Limited data suggest that asymptomatic women infected with human immunodeficiency virus may use intrauterine devices. Little is known about the use of IUDs in women who have illnesses causing serious immunocompromise. Therefore these women should be carefully monitored for infection if they choose to use an IUD. The risk of pregnancy should be weighed against the theoretical risk of infection.

**5. Embedment**

Partial penetration or embedment of ParaGard® in the myometrium can make removal difficult. In some cases, surgical removal may be necessary.

**6. Perforation**

Partial or total perforation of the uterine wall or cervix may occur rarely during placement, although it may not be detected until later. Spontaneous migration has also been reported. If perforation does occur, remove ParaGard® promptly, since the copper can lead to intraperitoneal adhesions. Intestinal penetration, intestinal obstruction, and/or damage to adjacent organs may result if an IUD is left in the peritoneal cavity. Pre-operative imaging followed by laparoscopy or laparotomy is often required to remove an IUD from the peritoneal cavity.

**7. Expulsion**

Expulsion can occur, usually during the menses and usually in the first few months after insertion. There is an increased risk of expulsion in the nulliparous patient. If unnoticed, an unintended pregnancy could occur.

**ParaGard® T 380A Intrauterine Copper Contraceptive**

**8. Wilson's Disease**

Theoretically, ParaGard® can exacerbate Wilson's disease, a rare genetic disease affecting copper excretion.

**PRECAUTIONS**

**Patients should be counseled that this product does not protect against HIV infection (AIDS) and other sexually transmitted diseases.**

**1. Information for patients**

Before inserting ParaGard® discuss the Patient Package Insert with the patient, and give her time to read the information. Discuss any questions she may have concerning ParaGard® as well as other methods of contraception. Instruct her to promptly report symptoms of infection, pregnancy, or missing strings.

**2. Insertion precautions, continuing care, and removal.**

**3. Vaginal bleeding**

In the 2 largest clinical trials with ParaGard® menstrual changes were the most common medical reason for discontinuation of ParaGard®. Discontinuation rates for pain and bleeding combined are highest in the first year of use and diminish thereafter. The percentage of women who discontinued ParaGard® because of bleeding problems or pain during these studies ranged from 11.9% in the first year to 2.2 % in year 9. Women complaining of heavy vaginal bleeding should be evaluated and treated, and may need to discontinue ParaGard®.

**4. Vasovagal reactions, including fainting**

Some women have vasovagal reactions immediately after insertion. Hence, patients should remain supine until feeling well and should be cautious when getting up.

**5. Expulsion following placement after a birth or abortion**

ParaGard® has been placed immediately after delivery, although risk of expulsion may be higher than when ParaGard® is placed at times unrelated to delivery. However, unless done immediately postpartum, insertion should be delayed to the second postpartum month because insertion during the first postpartum month (except for immediately after delivery) has been associated with increased risk of perforation.

ParaGard® can be placed immediately after abortion, although immediate placement has a slightly higher risk of expulsion than placement at other times. Placement after second trimester abortion is associated with a higher risk of expulsion than placement after the first trimester abortion.

**6. Magnetic resonance imaging (MRI)**

Limited data suggest that MRI at the level of 1.5 Tesla is acceptable in women using ParaGard®. One study examined the effect of MRI on the CU-7® Intrauterine Copper Contraceptive and Lippes Loop™ intrauterine devices. Neither device moved under the influence of the magnetic field or heated during the spin-echo sequences usually employed for pelvic imaging. An in vitro study did not detect movement or temperature change when ParaGard® was subjected to MRI.

**7. Medical diathermy**

Theoretically, medical (non-surgical) diathermy (short-wave and microwave heat therapy) in a patient with a metal-containing IUD may cause heat injury to the surrounding tissue. However, a small study of eight women did not detect a significant elevation of intrauterine temperature when diathermy was performed in the presence of a copper IUD.

**8. Pregnancy**

ParaGard® is contraindicated during pregnancy.

**9. Nursing mothers**

Nursing mothers may use ParaGard®. No difference has been detected in concentration of copper in human milk before and after insertion of copper IUDs. The literature is conflicting, but limited data suggest that there may be an increased risk of perforation and expulsion if a woman is lactating.

**10. Pediatric use**

ParaGard® is not indicated before menarche. Safety and efficacy have been established in women over 16 years old.

**ADVERSE REACTIONS**

The most serious adverse events associated with intrauterine contraception are discussed in **WARNINGS** and **PRECAUTIONS**. These include:

Intrauterine pregnancy	Pelvic infection
Septic abortion	Perforation
Ectopic pregnancy	Embedment

The following adverse events have also been observed. These are listed alphabetically and not by order of frequency or severity.

Anemia	Menstrual flow, prolonged
Backache	Menstrual spotting
Dysmenorrhea	Pain and cramping
Dyspareunia	Urticarial allergic skin reaction
Expulsion, complete or partial	Vaginitis
Leukorrhea	

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This brief summary is based on the ParaGard full prescribing information dated September 2014.

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